

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2		1					52		
3		2					53		
4		1					54		
5	1						55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.		11					TOTAL DEP.		
TOTAL CLAIMS							TOTAL CLAIMS		